

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

14 JAN 31 PM 4:23

1. NAME OF COMMITTEE (in full) **USE FEC MAILING OR TYPE OR PRINT** Example: if typing, type over the lines. 12FE4M5
 DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

ADDRESS (number and street) 120 Maryland Ave NE

☐ Check if different than previously reported (ACC)

Washington

DC

20002

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00042366

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15

Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15

Quarterly Report (Q3)

☐ January 31

Year End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year -

Party/PAC) (MY) and/or Semi-annual Report

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☒ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C) This report also covers the semi-annual period

Election on

in the State of

See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) This report also covers the semi-annual period

Election on

in the State of

See Line 6(b)

6. Covered Period(s)

This report covers

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

12/01/2013

through

12/31/2013

(b) Semi-Annual Covered Period

and/or ☐ January 1 - June 30

☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

\$37,900.00

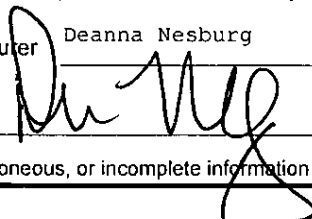
(b) Semi-Annual Covered Period

\$129,725.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Deanna Nesburg

Signature of Treasurer



01/31/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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